

# AUTO CR - LOG SUMMARY #1052510

TYPE: CR

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
11-MAR-2012 03:00 - 11-MAR-2012 03:00		0131	001	280 - POLICE FACILITY/VEH PARKING LOT	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	Accused	UNKNOWN,				ON Duty	THE REPORTING PARTY ALLEGES THAT WHEN HE QUESTIONED THE ACCUSED OFFICERS AS TO WHY HIS CASE WAS CLASSIFIED AS MISDEMEANOR, THE ACCUSED OFFICERS THREATENED HIM WITH ARREST.
CPD Employee	Accused	UNKNOWN,				ON Duty	THE REPORTING PARTY STATES THAT HE WAS INVOLVED IN A VERBAL ALTERCATION WITH HIS NEIGHBOR WHEN THE NEIGHBOR PRODUCED A GUN AND PLACED THE GUN AGAINST THE SIDE OF HIS FACE. HE STATES THAT HE CALLED THE POLICE TO REPORT THE INCIDENT AND HE ALLEGES THAT THE POLICE CLASSIFIED THE INCIDENT AS A MISDEMEANOR WHEN IT SHOULD HAVE BEEN CLASSIFIED AS A FELONY.
							RD#

## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
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## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y

Notification Other? N

Notification Comments:

## Incident Category List

Incident Category	Primary?	Initial?
03Z - GROUP 03 - IMPROPER SEARCH MISCELLANEOUS	Y	Y

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
DOMBROWSKI, ANTHONY	Primary	DISTRICT/UNIT	28-MAR-2012	27-APR-2012		2667
DOMBROWSKI, ANTHONY	Primary	DISTRICT/UNIT	28-MAR-2012	27-APR-2012	28-MAR-2012	0

## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/FINAL	14-NOV-2016 02:46	SCOTT, NIYA	PERSONAL COMP OPER 2	121 /	
PENDING REVIEW/INCIDENT (I.A.D./DISTRICT USE)	22-MAY-2012 12:57	KELLY, BERNETTE	SR DATA ENTRY OPR	121 /	
PENDING INVESTIGATION	28-MAR-2012 12:13	KELLY, BERNETTE	SR DATA ENTRY OPR	121 /	 Type Changed from INFO to CR on 28-MAR-2012 12:13 by KELLY, BERNETTE Affidavit information for this Log Number has changed on 28-MAR-2012 12:13 by KELLY, BERNETTE
PENDING ASSIGN INVESTIGATOR	28-MAR-2012 12:12	KELLY, BERNETTE	SR DATA ENTRY OPR	121 /	
PENDING INVESTIGATION	28-MAR-2012 09:39	JOHNSON/WALKER, PATRICIA	SR DATA ENTRY OPR	121 /	
PENDING ASSIGN INVESTIGATOR	16-MAR-2012 04:41	CLARK, SUSAN	LIEUTENANT OF POLICE	121 /	
PENDING APPROVE TEAM	13-MAR-2012 09:48	WATSON, JOHN	POLICE OFFICER	121 /	Spoke with C/V who related that he was asked to sign a misdemeanor complaint at the time of arrest when questioned about felony charges he was threatened with arrest if he did not sign the complaint.
PENDING ASSIGN TEAM	12-MAR-2012 01:09	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	12-MAR-2012 12:09	STEWART, DENISE	INTAKE AIDE	113 /	
PRELIMINARY	12-MAR-2012 11:51	STEWART, DENISE	INTAKE AIDE	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	12-MAR-2012 11:51			
	DOCUMENTS - INTAKE INCIDENT		2	OFC.W.DOOLIN#14047	N	STEWART, DENISE	12-MAR-2012 12:16	DELETED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 12-MAR-2012) - LOG #1052510

TYPE: CR

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	WHI		

## Incident Information

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						RD	

## Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
03Z - GROUP 03 - IMPROPER SEARCH MISCELLANEOUS	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	DISTRICT/UNIT	DOMBROWSKI, ANTHONY (PRIMARY INV)	28-MAR-2012 12:13	KELLY, BERNETTE	
IAD	DISTRICT/UNIT	DOMBROWSKI, ANTHONY (PRIMARY INV)	28-MAR-2012 09:39	JOHNSON/WALKER, PATRICIA	

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	DISTRICT/UNIT	-	13-MAR-2012 09:48	WATSON, JOHN	
IAD	INTERNAL AFFAIRS DIVISION	-	12-MAR-2012 11:51	STEWART, DENISE	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/FINAL	14-NOV-2016 02:46	SCOTT, NIYA	PERSONAL COMP OPER 2	121 /	
PENDING REVIEW INCIDENT (I.A.D./DISTRICT USE)	22-MAY-2012 12:57	KELLY, BERNETTE	SR DATA ENTRY OPR	121 /	
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PENDING SUPERVISOR REVIEW	12-MAR-2012 12:09	STEWART, DENISE	INTAKE AIDE	113 /	
PRELIMINARY	12-MAR-2012 11:51	STEWART, DENISE	INTAKE AIDE	113 /	

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>11-MAR-2012</b>		TIME <b>13:20:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0424</b>																		
	5. POSITION <b>9161</b>		6. LAST NAME <b>DOOLIN</b>		7. FIRST NAME <b>WILLIAM M</b>		8. STAR NO. <b>14047</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE [REDACTED]		12. HT. <b>510</b>		13. WT. <b>195</b>											
	14. DATE OF APPT. <b>14-AUG-2000</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>004 0462C</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																	
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>507</b>		27. WT. <b>170</b>													
	28. TELEPHONE NO. [REDACTED]		29. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		30. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																							
36. CHARGES PLACED <b>720 ILCS 5.0/31-1-A, 720 ILCS 5.0/19-1-A</b>																		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA								
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE																	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>																			
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>																			
MEMBERS RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>																			
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____																			
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																					
39. DNA <input checked="" type="checkbox"/>																		40. ADDITIONAL INFORMATION										
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>						
45. MAKE/MANUFACTURER																		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE						
49. TASER DART ID NO.																		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.				
54. SPECIAL WEAPON CERTIFICATE NO.																		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED				
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)						
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO								
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.										
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)										
CASE INFO.	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.																											
	71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.																											
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																												
SIGNATURES	72. REPORTING MEMBER (Print Name) <b>DOOLIN, WILLIAM M</b>																		STAR/EMPLOYEE NO. <b>14047</b>		SIGNATURE [REDACTED]							
	11-MAR-2012 14:46:29																											
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																											
74. REVIEWING SUPERVISOR (Print Name) <b>GROBARCIK, MARY M</b>																		STAR NO. <b>1046</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>11-MAR-2012 14:54:19</b>		TIME				

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is a Juvenile.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

After reviewing the available information, it is my preliminary finding that the members actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

NIEVES, ROBERTO

SIGNATURE

DATE COMPLETED

TIME

11-MAR-2012 15:40:37

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

2

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)